

PROVIDER BULLETIN

No. 13-12

Date: March 21, 2013

TO: Physical Health Providers

FROM: Vivianne M. Chaumont, Director
Division of Medicaid & Long-Term Care

BY: Medicaid & Long-Term Care Policy Staff

RE: LB 599

PLEASE SHARE THIS INFORMATION WITH ADMINISTRATIVE, CLINICAL AND BILLING STAFF.

Effective July 19, 2012, the Centers for Medicare and Medicaid Services (CMS) approved the Children's Health Insurance Program (599 CHIP) State Plan. Coverage under 599CHIP is limited to prenatal care and pregnancy-related services solely for the health of the unborn child and does not cover postpartum care and medical issues separate to the pregnant woman's health and unrelated to the pregnancy.

CMS has directed the State to reimburse 599CHIP prenatal visits and delivery services under a bundled rate methodology.

Effective with dates of service April 1, 2103, providers billing for prenatal visits and delivery services must bill using the following codes and modifiers:

<u>CPT Code</u>	<u>Description</u>	<u>Fee Schedule Rate</u>
59400 U1	Routine OB -- Antepartum & Vaginal Delivery	\$1,420.30
59510 U1	Routine OB – Antepartum & Cesarean Delivery	\$1,772.30
59610 U1	Routine OB – Antepartum & Vaginal Delivery after Previous Cesarean Delivery	\$1,695.90

If the client is seen by a different provider for antepartum care and for delivery care, then each provider will bill for the services that were rendered.

If you have questions regarding this bulletin please contact the following individuals: For physician services: Margaret Brockman at 402-471-9368 or margaret.brockman@nebraska.gov. For questions regarding hospital services: Flora Coan at 402-471-9380 or flora.coan@nebraska.gov.